

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@XFT.DE

**CORPORATION REINSTATEMENT
XFT, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

Electronic Filing Menu

Corporate Filing Menu

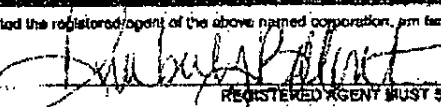
Help

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F09000000589					
1. Corporation Name xft, Inc.					
2. Principal Office Address - No P.O. Box # 2881 East Oakland Park Blvd			3. Mailing Office Address 2881 East Oakland Blvd		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State Fort Lauderdale, FL			City & State Fort Lauderdale, FL		
Zip 33306	Country USA	Zip 33306	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 02/13/2009	
5. FEI Number 26-2193547				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒					
7. Name and Address of Current Registered Agent					
Name Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suits, Apt. #, etc.					
City Tallahassee		State FL	Zip Code 32301		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.0505 or 517.0503, F.S.					
Signature of Registered Agent 		Kimberly B. Moret		Date 12/28/10	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
CEO/DS	Gerhard Scherer	2881 East Oakland Park Blvd		Fort Lauderdale, FL 33306	
CEO/D	Dr. Torsten Fenske	2881 East Oakland Park Blvd		Fort Lauderdale, FL 33306	
Non.D/VF	Rainer Foerster	2881 East Oakland Park Blvd		Fort Lauderdale, FL 33306	
D	Volker Kohlstetter	2881 East Oakland Park Blvd		Fort Lauderdale, FL 33306	
D	Dr. Norbert Schroeder	2881 East Oakland Park Blvd		Fort Lauderdale, FL 33306	
10. E-mail Address: info@xft.de					
(To be used for future annual report notification)					
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 517, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 517.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		GERHARD SCHERER		(854) 803-0582	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

12/28/10